

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015132

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

43

Primary Registration, District No.

3007

Registrar's No.

1496

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in: 1b 83 DAYS	c. CITY OR TOWN Doniphan
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 2
3. NAME OF DECEASED (Type or print) First CHARLES Middle ELMER Last OAKLEY		4. DATE OF DEATH Month April Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Inspector	9. AGE (last birthday) 39
11. BIRTHPLACE (City and state or country) Warm Springs Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clyde Oakley		13b. MOTHER'S MAIDEN NAME Bessie Holland	
14. NAME OF HUSBAND OR WIFE Mearley Oakley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes WWII	
16. SOCIAL SECURITY NO. 7		17. INFORMANT Address VA. Hospital Records, Poplar Bluff, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALNUTRITION AND DEHYDRATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTATIC CA - TO LUNGS, THORACIC VERTABRAE, LIVER, PELVIS DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH - - - - -	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? Yes NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. VA attended the deceased from 1-14-63 to 4-7-63 Death occurred at 3:55AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) DAVID P. McNEEL, M.D., Doctor of Medicine	
22b. ADDRESS VA. Hospital, Poplar Bluff, Mo.		22c. DATE SIGNED 4-7-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/9/1963	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery	23d. LOCATION (City, town, or county) (State) Doniphan, Missouri
24. FUNERAL DIRECTOR M.C. McNabb	ADDRESS Pocahontas, Ark.	25. DATE RECD. BY LOCAL REG. 4-13-1963	26. REGISTRAR'S SIGNATURE Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M. C. McNeely

Licensed Embalmer No.

680 (Ark.)

P. O. Address

Jocohontas, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.